

**Maturus Software Technologies Corporation  
DBA Matutech, Inc  
881 Rock Street  
New Braunfels, TX 78130  
Phone: 800-929-9078  
Fax: 800-570-9544**

**November 30, 2015**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Chronic Pain Management Program (concurrent request) two weeks 80 hours/units (10 sessions)

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Diplomate, American Board of Physical Medicine and Rehabilitation and Pain Medicine

**REVIEW OUTCOME:**

**Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:**

☒ Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who was injured on XX/XX/XX.

On October 2, 2015, the patient was seen. It was noted the patient had completed 10 of 10 approved sessions of chronic pain management program (CPMP). A request for additional 80 hours was made to help the patient build a realistic program enabling him to make a successful transition to a higher level of functioning. indicated that these additional sessions would continue to focus on decreasing the anxiety, depression and pain symptoms even further. It was noted the patient still had pain symptoms that impaired work, social and personal functioning. felt the patient was making considerable progress in his ability to cope with these pain-related symptoms. It was also noted that since the date of injury, the patient had been suffering from anxiety, depression, muscular tension and chronic pain symptoms and had not been able to return to work. The patient experienced high levels of stress. The patient reported that the pain program had helped him become aware of his adjustment difficulties and realize that he does need some support to help

overcome his fears and difficulties with pain and functioning. It was noted before participating in the program, the patient's average pain level was 5; however, after several sessions of CPMP his current pain level was 3. The patient stated that he was only taking his prescribed narcotic medications on an as-needed basis and was no longer using them as a primary means of pain relief. The Beck Depression Inventory II score had reduced from 20 to 13 following 10 sessions of CPMP. The Beck Anxiety Inventory (BAI) score had reduced from 18 to 10. The Fear Avoidance Beliefs Questionnaire (FABQ) scores were Work Scale 30 out of 42 and Physical Activity scale of 20 out of 24. Ms. requested 80 additional hours of CPMP to help the patient redefine his life and return him to optimal functioning.

performed an initial utilization review on October 7, 2015. The request for continued CPMP x80 hours was denied with the following rationale: *"The records indicate that this is a XX-year-old who sustained a shoulder injury on XX/XX/XX. The progress note dated October 7, 2015, indicated that the injured employee had completed 10 of 10 sessions of a CPMP. Additional program hours are requested to decrease anxiety, depression and pain symptoms. Marginal pain improvement (5/10 - 3/10) is noted. A modest improvement in the BDI II (16-31) is noted. As outlined in the ODG, continuation of such protocols is supported only when there is objectification of significant improvement. There is no objective data presented to suggest any decrease in consumption of pain medications, the testing noted marginal improvement, and there is no significant increase in overall functionality presented. Therefore, based on the clinical information presented for review this is not clinically indicated. As such, the request is recommended for non-certification."*

On October 22, 2015, requested a reconsideration indicating that the progress summary dated October 2, 2015, documented the patient to have made both objective and subjective gains following his participation in two weeks of CPMP. further stated that not only these gains were documented in the patient's progress summary report but also the ODG stated, "it is not suggested that a continuous course of treatment be interrupted at two weeks solely to document these gains, if there are preliminary indication that these gains are being made on a concurrent basis". noted the patient's progress summary report documented physical, emotional and vocational gains had been made on a concurrent basis; therefore, warranting an approval of 80 additional hours of CPMP.

performed a reconsideration determination on October 27, 2015, who denied the appeal for continued CPMP x80 hours. Rationale: *"As outlined in the ODG, continuation of such protocols is supported only when there is objectification of significant improvement. There is no objective data presented to suggest any decrease in consumption of pain medications, the testing noted marginal improvement, and there is no significant increase in overall functionality presented. There is insufficient objective information presented for review. There is no information regarding the job descriptions, or his requirements. There is no information regarding his current functional ADLs. There is no objective information regarding how much of the narcotic pain medication is currently using, how the pain measure program will allow him to return to work, and what previous interventions were completed such as medications, injections, surgery, or clinic visits. The patient has never been on antidepressants or antianxiety medications. It is unclear why the patient is unable to return to work even within restrictions. Therefore, based on the clinical information*

*presented for review this is not clinically indicated. As such, the request is recommended for non-certification."*

A functional capacity evaluation (FCE) was completed on November 9, 2015. The patient's chief complaint was neck and right shoulder pain with numbness and tingling to the left hand. The patient reported disrupted sleep due to pain. The neck pain was rated 6/10 with radiation from the shoulder. The patient had restricted range of motion (ROM) of the cervical spine. It was noted the patient works as a xxxxx for xxxxxx. The patient's critical demands at work included ability to frequently lift/carry up to 30 pounds and occasionally up to 50 pounds at a Heavy physical demand level (PDL); ability to climb, push, pull, balance, stoop, twist, squat, kneel, crouch, crawl, and reach for at least an 8-hour shift; ability to use dexterity to perform intricate collection, analysis procedures, and data entry; and work at Heavy PDL. The patient qualified at a light medium PDL versus the heavy PDL required for his job.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The records do not adequately support the conclusion that the patient has had any specific benefit whatsoever from 10 sessions (80 hours) of a chronic pain program, including any improvement in work capacity. Thus, an additional 80 hours is not warranted or medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

As outlined in the ODG, continuation of such protocols is supported only when there is objectification of significant improvement.